| Effective October 1, 2003  |  |  |                                |                                 |               |                  |       |                   |                        |              |                         |                        |   |
|--|--|--|--------------------------------|---------------------------------|---------------|------------------|-------|-------------------|------------------------|--------------|-------------------------|------------------------|---|
| CLAIMS AS FILED - PART I (Column 1) (Column 2)   |  |  |                                |                                 |               |                  | 1     | SMALL ENTITY TYPE |                        | OF.          | OTHER THAN SMALL ENTITY |                        |   |
| TOTAL CLAIMS   |  |  |                                |                                 | ,             |                  |       | RATE              | FEE                    | ገ :          | RATE                    | FEE                    |   |
| FOR .  |  |  | NUMBER FILED                   |                                 | ARTX3 R3860JN |                  |       | BASIC FEE         |                        | OR           | BASIC FEE               | Blu                    |   |
| TOTAL CHARGEABLE CLAIMS  |  |  | O. & minus 20=                 |                                 | •             |                  |       | XS 9≠             |                        | OR           | XS16=                   | •                      | Q |
| INDEPENDENT CLAIMS   |  |  | minus 3 =                      |                                 |               |                  |       | X43=              |                        | OR           | X86=                    |                        | 8 |
| MULTIPLE DEPENDENT CLAIM PRESENT   |  |  |                                |                                 |               |                  | -145= | •                 | OR                     | -290=        |                         | چّ                     |   |
| :1   | the difference                                 | e in column 1 is                         | less than zero, enter "O" in o |                                 |               | column 2         |       | TOTAL             |                        | OR           | TOTAL                   |                        | 0 |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)                                       |  |  |                                |                                 |               |                  |       | SMALL             | ENTITY                 | OR           | OTHER<br>SMALL          |                        |   |
| AMENDMENT A  | 1914   | CLAMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                | HIGH<br>NUM<br>PREVIO<br>PAID   | BER           | PRESENT<br>EXTRA |       | RATE              | ADDI-<br>TIONAL<br>FEE |              | RATE                    | ADDI-<br>TIONAL<br>FEE |   |
|  | Total  | .22                                      | Minus                          | -27                             | ,             | .8.              |       | X\$ 9=            |                        | OR           | X\$18=                  |                        |   |
|  | Independent                                    |  |                                |                                 |               | 1-6              | ×     | X43= ·            |                        | OR           | X86≈                    |                        | / |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |  |  |                                |                                 |               |                  |       | +145=             |                        | OR           | +290=                   |                        | Ì |
| TOYAL OR ADDIT. FEE OR ADDIT. FEE  |  |  |                                |                                 |               |                  |       |                   |                        |              | •                       |                        |   |
| (Column 1) (Column 2) (Column 3)   |  |  |                                |                                 |               |                  |       |                   |                        |              |                         |                        |   |
| AMENDMENT B  | 915/06   | CLAIMS REMAINING AFTER AMENDMENT         |                                | HIĞH<br>NUM<br>PREVIC<br>PAID   | BER           | PRESENT<br>EXTRA |       | RATE              | ADDI-<br>TIONAL<br>FEE |              | RATE                    | ADDI-<br>TIONAL<br>FEE |   |
|  | Total  | . 2                                      | Minus                          | - · 6                           | 20            | = /              |       | XS 9=             |                        | OR           | X\$18=                  |                        |   |
|  | Incependent                                    |  |                                |                                 | 3             | <u>-</u>         | IT    | X43=              |                        | OR-          | X86≃                    |                        |   |
| L  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |  |                                |                                 |               |                  |       |                   |                        | OR           | +290=                   | •                      |   |
|  |  |  |                                |                                 |               |                  |       |                   |                        | OR           | JOTAL<br>DOIT. FEE      |                        |   |
|  |  |  | ADDIT. FEE I                   |                                 | •             | C                |       |                   |                        |              |                         |                        |   |
| AMENDMENT C .  |  | CLAIMS REMAINING AFTER AMENDMENT         |                                | HIĞH<br>NUM<br>PREVIC<br>PAID I | BER           | PRESENT<br>EXTRA |       | RATE              | ADDI-<br>TIONAL<br>FEE |              | RATE                    | ADDI-<br>TIONAL<br>FEE |   |
|  | Total  | •  | Minus                          | *                               |               | •                |       | X\$ 9=            |                        | OR           | X\$18=                  |                        |   |
|  | Independent                                    | •  | Minus                          | ***                             |               | •                |       | X43=              |                        | ÖR           | X86=                    |                        |   |
| Ľ  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |  |                                |                                 |               |                  |       | +145=             |                        | OR           | +290=                   |                        |   |
| * If the entry in column 1 is less than the entry in column 2 write 'O' in column 3 TOTAL OR TOTAL |  |  |                                |                                 |               |                  |       |                   |                        |              |                         |                        |   |
| -  | of the Highest Nu                              | mber Previously Pa<br>iber Previously Pa | id For IN THI                  | S SPACE &                       | less tha      | n 3, enter "3."  | •     | DOIT, FEE         | ropriate bo            | ' . <i>'</i> |                         |                        |   |